WEEKLY EPIDEMIOLOGICAL REPORT

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231, de Saram Place, Colombo 01000, Sri Lanka
Tele: + 94 11 2695112, Fax: +94 11 2696583, E mail: epidunit@sltnet.lk
Epidemiologist: +94 11 2681548, E mail: chepid@sltnet.lk
Web: http://www.epid.gov.lk

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World TB Day 2026: "Yes! We Can End TB – Led by Sri Lanka, Powered by People" - II

This is the second article of two in a series on "World TB Day 2026: "Yes! We Can End TB – Led by Sri Lanka, Powered by People"

National Response and Priority Interventions

Sri Lanka's national response, led by the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD), provides free diagnostic and treatment services through an extensive network of District Chest Clinics and government healthcare institutions.

Priority interventions include:

- Enhancing passive case finding through a network of decentralized institutions with TB diagnostic services
- Strengthening active case finding through targeted systematic screening of high-risk populations
- Strengthening public–private and health and non-health sector collaboration for early detection, notification and standardized treatment
- Expanding access to rapid diagnostic technologies and improving laboratory capacity
- Scaling up Tuberculosis Preventive Treatment (TPT), for high-risk groups individuals with latent TB infection (LTBI) who are at increased risk of progressing to active TB disease.
- Promoting community engagement and awareness to reduce stigma and improve health-seeking behaviour
- Ensuring treatment adherence and patient support systems (e.g. financial, nutritional, social support)
- Integrating TB services into routine national health systems such as maternal and child health, NCD clinics, and school health services.
- Strengthening surveillance, monitoring, and accountability mechanisms.

Key Challenges and Gaps

Despite the availability of effective screening, diagnostic facilities, and curative treatment, several challenges continue to hinder TB control efforts:

- Under-diagnosis and under-reporting, particularly among high-risk populations
- Stigma and discrimination, which discourage timely care-seeking behaviour
- Gaps in public–private sector collaboration, leading to missed opportunities for case detection and notification.
- Health system limitations, including inadequate integration of TB services across national health system
- Challenges in ensuring treatment adherence and continuity of care
- Emerging threats, including the risk of drug -resistant TB

Addressing these challenges requires a comprehensive, integrated, and system-oriented response that extends beyond the health sector.

Conclusion: A Call to Action

World TB Day 2026 serves as a decisive call to action. In line with national guidance issued by the Director General of Health Services (Circular No: 01-17/2026), a series of coordinated activities will be implemented at national and subnational levels, including TB Awareness Week, mass and digital media campaigns, and targeted community-based screening programmes focusing on high-risk populations and healthcare workers.

"Light Up for TB" campaign on 24th March, where landmark buildings will be illuminated in red, will serve as a powerful visual reminder of the ongoing fight against TB.

Efforts to recognize high-performing District Chest Clinic teams, alongside innovative advocacy tools such as the "End TB badge", will further motivate the health workforce and

will further motivate the health workforce and strengthen engagement of both health and non-health stakeholders.

However, TB control cannot be confined to a single day or campaign. Sustained, year-round action is essential to achieve meaningful progress. Ending TB requires a whole-of-government and whole-of-society approach that integrates services across sectors, strengthens health systems, addresses the social determinants of health, and ensures equitable access to quality care for all populations. Sri Lanka stands at a critical juncture, with the opportunity to accelerate progress by closing detection gaps, scaling up preventive and curative services, reducing stigma, and delivering people-centred care.

Every missed case contributes to ongoing transmission, while every early diagnosis represents an opportunity to save lives. ***The time to act is now -Yes, we can end TB***.

Compiled By:

Dr. P.D. Wijeratne,
Acting Specialist in Community Medicine
National Programme for Tuberculosis Control and Chest Diseases (NPTCCD)

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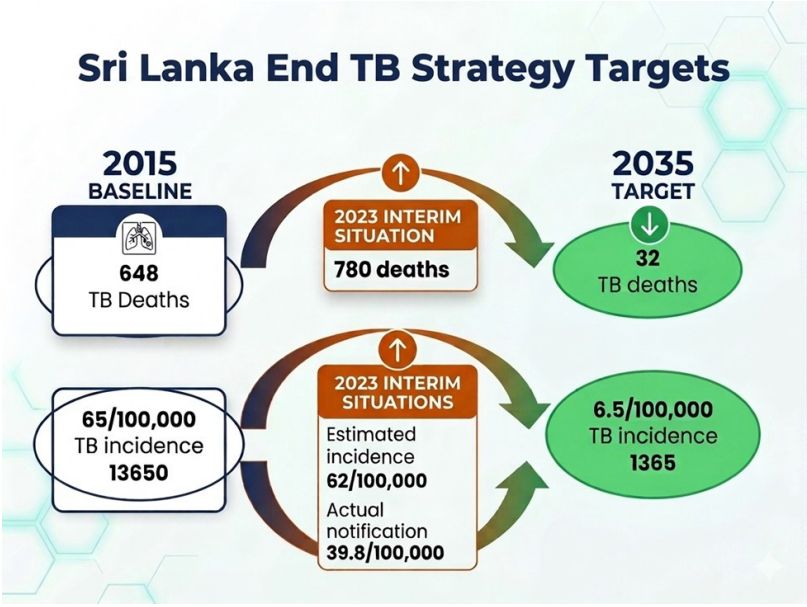

Figure 1: End TB strategy targets for Sri Lanka

Implications for Medical Officers and Public Health Staff

As frontline healthcare providers, your role is critical in ending TB. Key actions include:

- **Maintain a high index of suspicion** for TB in patients with cough >2 weeks, unexplained weight loss, fever, or night sweats; initiate screening with chest X-ray and sputum AFB.
- **Ensure prompt referral** to District Chest Clinics or designated government facilities for confirmation and management.
- **Notify every diagnosed TB case** without delay, as per national guidelines.
- **Strengthen contact tracing** and initiate **Tuberculosis Preventive Treatment (TPT)** for eligible individuals.

Table 1: Distribution of Notified Diseases reported by Medical Officers of Health 16th – 22nd Mar 2026 (12th Week)

RDHS	Dengue Fever		Dysentery		Encephalitis		En. Fever		F. Poison-		Leptospirosis		Typhus		Viral Hep.		H. Rabies		Chickenpox		Meningitis		Leishman.		Tuberculosis		Leprosy		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	282	4865	0	3	0	1	0	4	1	10	1	111	0	0	0	3	0	0	15	161	1	14	0	1	42	283	2	53	**91**	**95**
Gampaha	180	2800	0	13	0	10	0	0	0	8	7	160	0	3	1	3	0	0	17	229	2	69	0	5	24	167	0	21	**88**	**93**
Kalutara	111	1076	2	12	0	2	1	4	0	5	16	127	1	1	1	2	0	0	24	229	1	17	0	0	1	96	1	27	**86**	**100**
Kandy	50	766	4	18	0	0	0	3	0	8	6	62	0	15	0	8	0	0	19	174	0	11	1	21	10	101	3	5	**97**	**100**
Matale	17	327	0	3	0	1	0	0	0	0	1	64	0	2	0	5	0	0	2	57	0	9	6	142	0	18	1	5	**86**	**89**
Nuwara Eliya	6	109	1	19	1	1	0	2	0	6	7	82	2	18	0	7	0	0	5	128	1	33	0	0	4	34	0	2	**98**	**100**
Galle	89	1343	0	6	0	2	0	3	4	30	5	160	0	11	1	7	0	0	37	264	4	44	0	1	14	62	0	8	**70**	**100**
Hambantota	35	613	0	22	0	0	0	0	1	5	8	60	2	10	0	7	0	0	4	82	0	10	5	69	3	26	1	6	**11**	**100**
Matara	112	1438	0	3	0	1	0	0	1	11	9	89	0	4	0	7	0	0	9	185	2	13	2	45	0	27	0	6	**4**	**100**
Jaffna	22	438	1	14	0	3	1	11	0	5	3	36	9	148	0	0	0	0	10	146	2	11	0	0	5	35	1	6	**99**	**100**
Kilinochchi	0	32	0	1	0	0	0	3	0	0	1	15	1	8	0	2	0	1	1	52	0	1	0	0	0	4	0	1	**100**	**100**
Mannar	1	25	0	0	0	1	0	0	0	0	0	17	0	1	0	0	0	0	0	26	0	2	0	2	0	8	0	1	**100**	**100**
Vavuniya	1	44	0	5	1	1	0	1	2	2	0	24	0	3	0	0	0	0	2	33	0	7	1	9	1	14	0	1	**100**	**100**
Mullaitivu	1	32	0	3	0	0	0	0	0	1	2	19	0	0	0	1	0	0	0	2	0	2	0	3	3	7	1	4	**100**	**100**
Batticaloa	51	548	2	26	0	3	0	1	0	15	5	60	0	0	0	5	0	0	3	91	0	8	0	0	5	32	2	34	**26**	**100**
Ampara	5	158	1	18	0	1	1	1	0	6	4	53	0	1	0	3	0	0	14	120	1	13	0	4	0	11	1	11	**97**	**100**
Trincomalee	20	217	0	8	0	2	0	2	3	5	2	30	0	7	0	1	0	0	9	47	0	14	0	5	2	25	0	2	**100**	**100**
Kurunegala	31	465	0	4	0	7	0	2	0	55	6	112	1	20	0	4	0	0	17	215	1	41	5	121	7	55	0	17	**42**	**100**
Puttalam	15	308	0	9	0	5	0	0	0	1	3	92	1	14	0	2	0	1	6	53	1	25	1	6	4	24	0	10	**12**	**69**
Anuradhapura	13	233	1	8	0	3	0	0	1	31	3	107	0	15	0	4	0	0	5	126	0	16	20	239	6	34	0	15	**83**	**58**
Polonnaruwa	2	131	1	7	0	2	0	0	1	19	2	80	0	2	0	13	0	0	17	156	4	12	16	183	0	15	3	19	**100**	**100**
Badulla	13	291	0	13	0	4	0	2	0	5	2	74	1	10	6	44	0	0	3	105	0	19	2	30	2	38	1	5	**72**	**100**
Monaragala	10	242	1	9	0	3	0	0	0	0	8	89	3	15	2	19	0	0	6	92	1	14	1	58	0	12	0	9	**69**	**100**
Ratnapura	91	1083	0	13	0	4	0	3	1	7	18	239	0	14	1	5	0	0	16	129	0	11	0	55	6	68	0	10	**96**	**100**
Kegalle	44	512	0	12	0	2	0	2	0	14	12	102	0	5	0	3	0	0	26	198	0	20	1	5	5	52	0	2	**100**	**100**
Kalmunai	20	314	2	16	0	0	0	0	1	12	1	29	0	1	0	1	0	0	22	150	1	15	0	0	3	20	1	14	**96**	**100**
SRILANKA	**1222**	**18410**	**16**	**265**	**2**	**59**	**3**	**44**	**16**	**261**	**132**	**2093**	**21**	**328**	**12**	**156**	**0**	**2**	**289**	**3250**	**22**	**451**	**61**	**1004**	**147**	**1231**	**18**	**294**	**78**	**96**

Source: WRCD module of the EPINET.
A = Cases reported during the current week;
T*=Timeliness refers to returns received on or before 22nd Mar, 2026.
B = Cumulative cases for the year.
Total number of reporting units 360.
Data provided for the current week: 360.
C**-Completeness;

Table 2: Selected Vaccine Preventable Diseases & AFP 16th – 22nd Mar 2026 (12th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2026	Number of cases during same week in 2025	Total number of cases to date in 2026	Total number of cases to date in 2025	Difference between the number of cases to date in 2026 & 2025
	W	C	S	N	E	NW	NC	U	Sab					
AFP[1]	00	01	00	00	00	00	00	00	00	01	01	22	15	46.6%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps[2]	01	01	01	00	00	00	01	00	00	04	04	41	35	17.1 %
Measles[3]	00	00	00	00	00	00	00	00	00	00	00	00	01	-100 %
Rubella[3]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus[2]	01	00	00	00	00	00	00	00	00	01	01	01	02	-100 %
Neonatal Tetanus[2]	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis[3]	00	00	00	00	00	00	00	00	00	00	00	00	04	-100 %
Whooping Cough[2]	00	00	00	00	00	00	00	00	00	00	00	06	07	-14.2 %

Key to Table 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

Data Sources:
Weekly Return of Communicable Diseases: Diphtheria, Mumps, Tetanus, Neonatal Tetanus, Whooping Cough.
Special Surveillance: AFP, Measles, Rubella, CRS.

AFP[1] = No Polio cases
Mumps[2], CRS[2], Tetanus[2], Neonatal Tetanus[2], Whooping Cough[2]—Clinically and/ or laboratory confirmed cases
Measles[3], Rubella[3], Japanese Encephalitis[3]— Laboratory Confirmed cases

AFP—Acute Flaccid Paralysis
CRS = Congenital Rubella Syndrome
NA = Not Available

AFP and all Vaccine Preventable Diseases except Mumps should be investigated by the MOH Personally.

Number of Malaria Cases Up to End of March 2025,

01

All are Imported!!!

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiology Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk.** The Epidemiology Unit should be formally acknowledged in all resulting publications as the primary data source.

ON STATE SERVICE

Dr. Palitha Karunapema
CHIEF EPIDEMIOLOGIST
EPIDEMIOLOGY UNIT
231, DE SARAM PLACE
COLOMBO 10